

ADVISORY COMMITTEE ON VOLUNTARY FOREIGN AID PUBLIC MEETING

Combating the HIV/AIDS Pandemic in Developing Countries

September 14, 2000

Washington Plaza Hotel, Washington, DC

Welcome and Introductions: William S. Reese, ACVFA Chair

William S. Reese, ACVFA Chair, welcomed the audience to this important gathering on HIV/AIDS. The Advisory Committee on Voluntary Foreign Aid's (ACVFA's) mandate is to advise USAID and other parts of the U.S. government on foreign assistance and the link with the non-governmental sector. ACVFA is a good example of public-private partnership dating from post World War II. ACVFA members serve as individuals, not as representatives of their organizations. They meet in public to distill ideas from the audience and make recommendations to USAID and others concerned with humanitarian assistance and sustainable development.

Mr. Reese noted that in the last 40 years health has become a huge development issue. There is new global disease, the HIV/AIDS pandemic, which is threatening to undo decades of development and retard all future development work. Stressing that this issue is not just a health problem, Mr. Reese noted that the AIDS crisis is having a devastating impact on agriculture, education, and other sectors in many countries.

"Today our task as an advisory committee is to figure what to do, not as a think tank, but as a PVO/NGO 'third-sector' committee working with our government, the business sector, multilateral institutions, and universities," stated Mr. Reese. He asked the audience to consider what concrete steps could be taken to combat the pandemic and what specific recommendations should be made to policymakers. Mr. Reese concluded by encouraging all participants to join together in beginning to build the infrastructure needed to make a difference in the fight against HIV/AIDS.

Opening Remarks: J. Brady Anderson, Administrator U.S. Agency for International Development (USAID)

Ambassador Anderson emphasized that the spread of HIV/AIDS in the developing world, especially in Sub-Saharan Africa, is one of the most important issues facing Americans and the world today. Ambassador Anderson alluded to his personal experience with the tragedy of AIDS while living Africa, and stated, "The crisis is not about numbers; it's about faces, but numbers can help us grasp the magnitude." Of 34 million HIV-infected people worldwide, almost 23 million live in Africa. Every day nearly 6,000 Africans die of AIDS. Tragically, this is just the beginning. Africa's heartache is already mirrored in India, which

is home to the largest number of AIDS cases in Asia. In parts of the former Soviet Union, the rate of increase has actually surpassed that of Africa. "AIDS is having a devastating impact on the economies of the region," said Ambassador Anderson.

Since 1986, USAID has been engaged in combating the HIV/AIDS pandemic in the developing world, having invested more than \$1.4 billion dollars. USAID has become a global leader in this international fight, mainly due to its strong field presence, technical leadership, the level of financial support, and, most critical, the extensive, long-term relationships that USAID has with host country institutions. These relationships in the field provide the foundation for USAID's track record for building sustainable systems, using highly participatory approaches, and applying lessons learned to enhance the effectiveness and efficiency of programs.

The Clinton/Gore Administration has led an international effort to try to reverse the spread of AIDS. In 1999 Vice President Gore announced the creation of the Leadership and Investment in Fighting an Epidemic (LIFE) initiative that provided \$100 million in fiscal year 2000 to fight AIDS around the world. In January, the Administration declared AIDS to be a threat to world security. This fiscal year the President is asking Congress for additional funds to combat AIDS in the developing world, which would bring the total to \$342 million, more than double the 1999 fiscal year level. In addition, the United States is also a lead supporter of the Joint United Nations Programme on HIV/AIDS (UNAIDS), contributing about 25 percent of its total budget.

This Administration is doing a lot, Ambassador Anderson stated, but as President Clinton has said, the United States cannot battle AIDS alone. Every donor, every multilateral institution, foundation, and nonprofit, as well as governments of developing countries must get involved. Every person in the audience has a role, whether as a representative of a government or an organization or as an individual. No one can afford to stand by.

Ambassador Anderson noted that progress is being made. Just this week, USAID and the Japanese Ministry of Foreign Affairs pledged to work together to fight the pandemic. Technical experts from Japan and USAID will go to Tanzania where 1.3 million people are infected and over 1 million children have been orphaned by AIDS. This kind of concerted effort can work. In Uganda a combined effort with USAID has brought down the rate of infection. In Senegal similar efforts have kept down the prevalence of AIDS. Recent reports in Zambia suggest a decline in the number of teens affected.

"Our most important challenge," said Ambassador Anderson, "is to ensure that the commitment to fighting AIDS, once roused, is not allowed to wane." Comparing the AIDS crisis to a war, he encouraged the audience to keep the sense of urgency alive, because unlike in other crises such as famine, responses must be not just immediate and intensive but long term. In coming years USAID will be on the front lines, working with local and international NGOs to reach vulnerable and remote groups, and helping businesses and armed forces in developing countries incorporate HIV programs into their health benefits packages. USAID will also work with pharmaceutical companies in their efforts to make drugs affordable and to support community education and other projects. USAID looks to

the future of this fight with hope, said Ambassador Anderson. "If we all pull together and work hard, if we learn from our successes and failures and commit the resources, both money and man and woman power, I know we will succeed," he concluded.

Discussion

- **Vickie Ferguson of the Africa Policy Information Center (APIC)** asked whether it is possible, given the emergency, to create alternate guidelines that would increase the percentage of funding that would stay in the host countries? Right now 80 cents on the dollar (of foreign aid) comes back to the U.S. How could we invest higher levels in local economic capacity?

Ambassador Anderson responded that it is not clear whether new guidelines would be needed. He noted that he has asked his Deputy Administrator to chair a high-level USAID working group to oversee the uses of the HIV/AIDS funds. Investment in local capacity to address the disease is a high priority for the Agency.

- An **audience member** asked how the HIV/AIDS community could obtain the resources to have an impact that goes beyond health. How can we integrate community responses across the board so that both economic and agricultural programs respond to the AIDS crisis?

Ambassador Anderson responded that Congress will be concerned that the money doesn't get diverted from direct spending on AIDS. People working in HIV/AIDS programs and interested citizens need to try to educate members of Congress to look at HIV/AIDS as a problem that requires a multisectoral approach.

Remarks: The Honorable Edith G. Ssempala, Ambassador of Uganda

Ambassador Ssempala estimated that today 40 million people are infected with HIV/AIDS. Although the majority are in developing countries and mostly in Africa, AIDS is a global problem. "None of us will be safe until the problem is solved," she stated. HIV/AIDS is an economic and social problem. The statistics on the numbers affected do not reflect the human suffering that is involved. One of the most alarming statistics is that by the year 2010 there will be 40 million AIDS orphans. Most will have grown up with little social structure. Today almost every family in Uganda is caring for an AIDS orphan. These children need a lot of attention to get over the loss of their parents.

Without a strong commitment, especially in sub-Saharan Africa where the HIV rate rises every day, the new initiatives and efforts won't succeed. Ambassador Ssempala expressed need for the pharmaceutical companies to make drugs more accessible and affordable. "With new and more effective drugs, it's possible to extend life 10 to 20 years. I have a friend who has lived with HIV for 15 years. Not only is he alive, but he is productive and provides for his family; he is able to raise his children," remarked Ambassador Ssempala.

Countries like Uganda and Senegal have shown that there is hope in the fight against AIDS. Uganda has organized programs to combat an infection rate that is among the highest in world. Uganda had no choice. The Ugandan government carried out a massive effort through religious leaders, NGOs, and the media in order to sensitize Ugandans to the crisis. The President talked openly about AIDS within and outside of Uganda. The effort was greatly boosted by known personalities, such as musicians, living with AIDS.

Ambassador Ssempala described the Uganda AIDS Commission's multisectoral approach, which was adopted by the government. It encourages open talk about the dangers of the epidemic. This openness was demonstrated by the willingness to discuss the means to prevent transmission of the virus, including condom use and distribution. Through this intensive public and private effort with voluntary testing and community-based support, the HIV infection rate was reduced from 14 percent in the early 1980s to below 8 percent in the late 1990s. Although Uganda has been a role model, AIDS is still a big problem, and the country will not rest until there is total victory. The President of Uganda has said in public that AIDS continues to cause many deaths among the most productive members of society. "Fighting AIDS must remain our highest priority, " concluded Ambassador Ssempala.

Discussion

- **Jeffrey O'Malley, Director, International AIDS Alliance**, United Kingdom, noted that Uganda is striking as one of the few countries with strong leadership. He asked whether there are types of outside support that might undermine local leadership?

Ambassador Ssempala replied that at the beginning of the fight, there was a big cultural barrier but it has been overcome. At the beginning, churches were negative about the campaign, especially about using condoms. Many thought, 'What does it mean when you tell teens to use condoms?' But again, the problem has been overcome. Everyone realizes you might want people to abstain but they don't.

- An **audience member** asked about the leadership in Africa. Nelson Mandela is taking a stand, but what are other African leaders and the Organization of African Unity (OAU) doing?

Ambassador Ssempala responded that different leaders have different approaches to the pandemic. At the beginning, AIDS was an embarrassing topic, a moral issue. People didn't want to talk about it. Today we recognize it is not a moral issue; it is an issue we have to deal with and not in silence. Slowly but surely, other African leaders are coming around. The OAU is also coming around.

- A **participant** remarked that Uganda has accomplished a major reduction in the HIV rate from 14 to 8 percent, and asked whether this reduction applies across the country or whether there are some regions where Uganda is still struggling?

Ambassador Ssempala replied that the percentages are averages across the country. At the beginning people who had HIV/AIDS were shunned. People were afraid of them. But with

the spread of information, it became obvious that there were only certain ways HIV could be contracted. In African culture we are very community-based. We take care of our own. Formerly, we did not have orphans. All uncles were like daddies, and all aunts were like moms, so no child felt like an orphan. But now the number of AIDS orphans is placing an overwhelming burden on our social structure. The message has been to give information to make sure everyone understands and to encourage all to test themselves. We encourage people to remain with one sexual partner.

Keynote: *Follow-up to the Durban Conference: Next Steps to Combat the Pandemic*
Sandra L. Thurman, Director, White House Office of National AIDS Policy

Ms. Thurman emphasized that the fight against AIDS is at a critical juncture. Beyond all the headlines, the pandemic is marching on and killing more people in Africa than all wars on that continent combined. Many in this room have lost friends and loved ones. It is almost impossible to describe the grip that it has on families and individuals in Africa, Asia, and other regions. It is now the lead cause of death for all age groups in Africa. Its progress has outpaced all original predictions. Early in 1990, WHO predicted that by 1999, 9 million individuals would be infected and 5 million people would die in Africa. The resulting numbers are nearly 24 million infected and 14 million dead. In 1999, 6 million people became infected, one every eight seconds.

In a few short years, AIDS has wiped out decades of hard, steady progress in development. Infant mortality is doubling; child mortality is tripling. Life expectancy has been reduced by 20 years or more in many countries, as the pandemic rages on. Children of the world are increasingly caught in the crossfire. And it devastates not just individual lives, not just families and communities, but the economic and political stability of entire nations. It is not just a health crisis but an economic crisis, a stability and security crisis. With no vaccine or cure in sight, we're just at the beginning of the pandemic, not the end, said Ms. Thurman.

The public needs to have a better understanding that what we see in Africa is just the tip of the iceberg, as the pandemic begins to sweep around the globe. There is an urgent need to work together, particularly in Africa and parts of Asia, to learn from successes and failures, and to share experiences with countries that stand on the brink of disaster. Ms. Thurman noted that the disease is not about numbers, but about names. It is not about facts, but faces. She emphasized, however, that the discussion should not be only about tragedy, but about the triumph of the human spirit. It is not about hopelessness and desperation, but about the opportunity to empower women and communities. With 6 million new infections a year, there is no time to lose. The reality is we have a war on our hands and no time to get ourselves in gear. But the pages of history are filled with examples of times when communities and governments have dared come together to turn the tide against insurmountable odds. She challenged the audience to reach for one of those moments now.

Ms. Thurman reviewed the U.S. effort in the struggle against HIV/AIDS. Last year, the President requested, and Congress appropriated, a \$100 million increase in global AIDS spending. This provided for a doubling of HIV/AIDS efforts in Africa alone. This year the

President asked for another \$100 million increase, and prospects look good that Congress will grant that and perhaps more. There is growing recognition on both sides of the aisle that there is much more we can and must do. Ultimately, an investment of nearly \$3 billion for prevention and care in Africa alone will be required from the entire global community, both public and private.

Ms. Thurman remarked that much remains to be done. As President Clinton said at the Millennium Summit, hosted by the United Nations in New York, we must work to close the gap between rhetoric and action. One of our biggest challenges, Ms. Thurman said, is to build lasting partnerships. That requires people working in development, in the fight against AIDS, and in gender and poverty programs to come together and share their collective experience. It will take not just government action but action of all sectors and societies if we are to have an impact. There are great examples from all over world. Uganda cut its infection rate in half with good leadership and a steady influx of resources. Thailand has been very successful. Senegal has kept its rates low early. The challenge is daunting, but hundreds of millions of lives hang in the balance. As Desmond Tutu said, let us wage this holy war together, and for the sake of our children we will win.

Discussion

- A **representative of the International Center for Research on Women** noted that increased funding could be both good and bad news. She asked about plans to ensure monitoring and coordination of the money.

Ms. Thurman replied that one hundred million dollars sounds like a lot, but billions are needed. When you divide by 13 or 14 regions and then all the countries, it is not a lot of money. Ms. Thurman said that for the most part, existing programs will be expanded and replicated instead of starting new ones. There will be an effort to help NGOs shore up their abilities. Good systems are in place to monitor the funds provided to USAID and the Centers for Disease Control and Prevention (CDC).

- **Mike Harrison of the United Methodist Board of Church and Society** said that the Global AIDS and TB Act authorizes \$570 million each year for two years. Congress has only appropriated \$200 million. He asked whether in negotiations with Congress, obtaining full funding was a priority.

Ms. Thurman responded that it is a priority, and the prospects look good for funding. Additional global AIDS funding should not come at the expense of other vital priorities, such as debt relief and basic education, she cautioned.

- An **audience member from Swaziland** noted that the talk indicated that every country will get a share of the funding, but the U.S. Government is not working in some countries where leadership is lacking. If you cut a country from assistance for that reason, where are you going with HIV/AIDS?

Ms. Thurman replied that leadership is only part of a larger picture. We understand that we have to build in-country capacity. Swaziland is getting services from the regional program. Countries with USAID missions on the ground are getting the most help. We need to use other mechanisms to fund countries like Swaziland. Community-based organizations are doing great work on the ground in countries where the leadership is not as strong as we would like.

Panel: U.S. Government, Multilateral, and National Strategies and Successes

Moderator: Nils Daulaire, President and CEO, Global Health Council

Panelists:

**Vivian Lowery Derryck, Assistant Administrator, Bureau for Africa,
USAID**

Mark Schneider, Director, U.S. Peace Corps

**Dr. Helene Gayle, Director, National Center for HIV, STD, and TB Infection,
Centers for Disease Control and Prevention (CDC)**

**Bertil Lindblad, Senior Liaison Officer, Joint UN Programme on HIV/AIDS,
UNAIDS/NY**

**Panelist Vivian Lowery Derryck, Assistant Administrator, Bureau for Africa,
USAID**

Ms. Derryck opened her presentation with four points. First, AIDS is global, although Africa is hardest hit. Africa has 70 percent of worldwide cases but is home to only 10 percent of the world's population. Second, this is not just a health problem, but a development problem that affects all areas including education, the GNP, even agricultural productivity. Third, from our perspective, it's a long-term problem. No vaccine is in sight, but the number of people affected continues to grow. Thus, our response must be one that can be sustained over the long term. If we scale up the effort this year, it is incumbent on us to sustain that effort year after year. Fourth, programs must focus on reducing the stigma of being infected.

Programs of U.S. and indigenous NGOs that promote and deliver voluntary counseling and testing must be rapidly scaled up, using the new quicker and cheaper testing method. Additional concerns that must be taken into account in HIV/AIDS programs include the special vulnerability of women and young girls and the needs of orphans and caretakers. The problem of orphans is burgeoning, with 44 million AIDS orphans worldwide, and a projected 38 million of those in Africa alone by 2010. The phenomenon of households that are literally managed by 10-year-olds requires a comprehensive response.

Ms. Derryck emphasized that the debate may center on antiviral drugs, but they are not a panacea. Other resources such as potable water and clocks to know what time to take the drugs are also vitally needed. Ms. Derryck concluded with optimism based on the very

strong support of senior leadership in Uganda and Senegal and new leadership elsewhere, as well as U.S. leadership and increased funding.

Panelist Mark Schneider, Director, U.S. Peace Corps

Mr. Schneider began by thanking ACVFA Director Noreen O'Meara for inviting him to participate in this panel discussion on an issue that, in his view, represents the world's most serious humanitarian challenge and the biggest obstacle to development in developing countries.

Earlier this year, after witnessing first-hand the devastation caused by HIV/AIDS in Africa, Mr. Schneider began to think about how the Peace Corps, with its long history in Africa, could help do something about it. Some Volunteers had been engaged in a variety of HIV/AIDS education and prevention programs, but it seemed that a more comprehensive strategy was needed. As a result, a few months ago Mr. Schneider announced an initiative to expand the role Peace Corps Volunteers play in the battle against HIV/AIDS. Peace Corps will focus its efforts first in Africa, where the problem is the most serious, with hopes to expand efforts to other countries in the months and years ahead.

Mr. Schneider gave a brief overview of what the Peace Corps is doing to contribute to other international efforts to help prevent the spread of HIV/AIDS:

Over the next three years, 5,000 Peace Corps Volunteers—every Volunteer in Africa today and every Volunteer going to Africa in the future—will become a part of the world's efforts to contain this pandemic. For some Volunteers, working on HIV/AIDS projects will be their primary assignment in health. For others, it will be integrated directly into their non-health sector work. And for all of them, it will be an issue that they will address with new skills during their Peace Corps service. In addition, in Eastern and Southern Africa, where the continent is most affected by the pandemic, the Peace Corps will expand HIV/AIDS-specific projects in several countries this year. Fifty new Peace Corps Volunteers will be assigned to these activities.

The second component of the Peace Corps' initiative will be to include the host country counterparts of the Volunteers, such as health workers and health center directors, school teachers and school directors, NGO leaders, small businessmen and women, and cooperative and union leaders in HIV/AIDS education training. In this way, the voices and actions of thousands of people who engage in HIV/AIDS campaigns will multiply, many times over. It is in this aspect of the initiative, said Mr. Schneider, that the Peace Corps will be working closely with partners in the NGO community, as well as organizations such as the Bill and Melinda Gates Foundation, which has provided a very generous donation of \$500,000 to support the work of Volunteers on HIV/AIDS projects this year.

The third component of the initiative will be to draw on the experience of the 59,000 Americans who have served as Peace Corps Volunteers in Africa since 1961, many of whom served as health Volunteers. The Crisis Corps, a program that enables former Peace Corps

Volunteers to return to service for limited periods of time, has made significant contributions to reconstruction and recovery efforts in Central American countries that were devastated by natural disasters. There is no more lethal and prolonged natural disaster than HIV/AIDS. Therefore, as part of this initiative, the Crisis Corps will be sending up to 200 Returned Peace Corps Volunteers to Africa to work for up to six months on HIV/AIDS projects, said Mr. Schneider.

Mr. Schneider noted that HIV/AIDS is spreading most rapidly in rural parts of the developing world—in communities that are least developed and least prepared to deal with it. “Those also are the communities where the reach of the health system is the most tenuous, where communication and transportation and support systems are weakest, but where the presence of Peace Corps Volunteers is greatest,” said Mr. Schneider.

Mr. Schneider emphasized, however, that the initiative is not confined only to health projects; instead, it involves all Volunteers who are also working in education, agriculture, the environment, or small business. He cited the example of a Volunteer science teacher in Tanzania who extended her service for an additional year to help implement the HIV initiative in the education sector. This Volunteer teaches biology students about HIV/AIDS and is establishing health clubs, which use the life skills curriculum to train girls in decision-making skills so they can make healthy choices about their lives. She is doing all this work in Swahili.

Mr. Schneider also concluded on a note of optimism, expressing his satisfaction that the AIDS Conference in South Africa demonstrated that many leaders in Africa and elsewhere truly recognize the magnitude of the pandemic and the threat it poses to social stability, political institutions, economic progress, and the health of millions.

Panelist Dr. Helene Gayle, Director, National Center for HIV, STD, and TB Infection, Centers for Disease Control and Prevention (CDC)

Dr. Gayle described the increasing role played by CDC on the team of U.S Government agencies responding to the HIV/AIDS epidemic. She noted that, as part of the Health and Human Services Department and the lead agency for prevention, CDC has had a long tradition of involvement in international health issues. CDC's involvement in HIV/AIDS research spans many years. Some examples of CDC's work include the trials to develop a shorter course AZT regimen to reduce mother to child transmission of HIV, and evaluating the use of Bactrim as a simple, inexpensive way reduce HIV-associated morbidity and mortality. Besides research activities, CDC has provided technical assistance on improving the blood supply, strengthening laboratory capacity, and increasing the availability of voluntary counseling and testing. Other areas in which CDC is involved include surveillance and infrastructure, especially home-based and community-based, and caring for children and orphans.

CDC is now working with USAID on the new LIFE (Leadership and Investment in Fighting an Epidemic) initiative that has provided new resources for HIV prevention and care for

Africa and India. In subsequent years, other U.S. Government departments, such as Defense and Labor, will be involved in this initiative.

CDC's other contribution, Dr. Gayle said, is its mission as the agency responsible for HIV prevention domestically. Much of the work CDC has done domestically, such as its successful partnerships with business, labor and the faith community, is also being translated to the work internationally.

Panelist Bertil Lindblad, Senior Liaison Officer, Joint UN Programme on HIV/AIDS, UNAIDS/NY

Mr. Lindblad began by highlighting the fact that HIV/AIDS was firmly on the agenda of the recent Millennium Summit in New York. A large number of heads of state, including African leaders, declared strong political commitment to fight the epidemic. Mr. Lindblad also noted that a United Nations General Assembly Special Session on HIV/AIDS will be convened, probably during the first half of 2001. Such a Special Session will provide a platform for strengthened political commitment, accelerated responses and expanded international support and collaboration. HIV/AIDS will also be the main theme of the Africa Development Forum of the Economic Commission for Africa, scheduled for December 2000.

Mr. Lindblad noted the many references to this pandemic as a development crisis for which multisectoral involvement with every sector of society is needed. Turning to Africa, Mr. Lindblad gave a brief overview of the International Partnership Against AIDS in Africa (IPAA). The IPAA is a massive effort to expand national AIDS activities in Africa initiated by the UNAIDS in early 1999. In December 1999, United Nations Secretary-General Kofi Annan brought together representatives of the five constituencies of the Partnership, African Governments, United Nations Agencies, donor countries, NGOs and the private sector to plan this response.

The Partnership is working to fight the epidemic through strengthened national programs backed by four lines of action: encouraging visible and sustained political action, helping to develop nationally-negotiated joint plans of action, increasing financial resources and strengthening national and regional technical capacity. In the first phase, six countries are targeted for intensified support: Burkina Faso, Ethiopia, Ghana, Malawi, Mozambique and Tanzania.

Discussion

- **Rolf Campbell of Land O' Lakes, Inc.**, remarked upon the well-known, powerful prophylactic and therapeutic role of nutrition in the human immune system, and asked about the role of food and nutrition in extending the life of persons with asymptomatic HIV.

Panelist Derryck replied that nutritional support is clearly important in HIV/AIDS. Similarly, providing clean water for everyone with HIV would have a tremendous impact on reducing opportunistic infections, she added.

- **Dr. Herschelle Sullivan Challenor, ACVFA member**, noted that the U.S. Government is appropriating enormous resources for drug intervention in Colombia. A comparison with the level of AIDS funding raises the question of political will in the battle against HIV/AIDS. She also wanted to learn more about the purpose of the forthcoming White House conference. The legislation calls for an advisory board. Has the board been appointed? Dr. Challenor also noted that it is very important for Americans to listen to those living in the affected countries and wanted to know if the board will involve others as members or speakers?

Panelist Derryck replied that there is a disparity in the distribution of resources between Africa and other regions. The point is being reinforced that where development is concerned, Africa should have primacy since it is of the greatest need. It is anticipated that Africa will get a significant percentage of the new money.

Panelist Gayle pointed out that government leaders respond to voices in the public. People should be as vocal about the pandemic as they are about drugs. Those inside the system can exhort, but Congress needs to hear that kind of activism from the public.

Moderator Daulaire said that the inclusion of experts on HIV on the White House advisory board is being urged, but noted that this is a new structure set up by the White House which has to get mechanisms in place for disbursing money. It would be unprecedented to expect it to disburse any of the funding in anything less than a year or two, so the priority is to work through existing channels that are ready to spend the money.

- **A representative of the Global Network of People Living with HIV and AIDS** spoke out: "As an American who recently got involved in international work, I am heartened by the increased interest and funding, and I commend the Committee for calling this meeting." He emphasized that the key element in the fight is the reduction of stigma. The number of persons living with HIV who identify as such in public is low -- in the single and double digits. But public identification is key to the success of voluntary counseling and testing. This must be addressed. He concluded with a note of thanks to CDC for its work on Bactrim, a very inexpensive drug that can prevent some of the most severe opportunistic infections, though not TB.

Panelist Lindblad noted that UNAIDS has a team in Geneva working on AIDS. They focus on human rights issues and one of their key efforts is to avoid stigma.

Panelist Derryck recalled a public gathering at which Nigerian President Obasanjo hugged a man who has AIDS and invited the man's wife onto the stage. "This type of gesture speaks enormously of commitment," she said.

Panel: PVO/NGO Strategies and Successes

Moderator: Louis Mitchell, ACVFA Member

Panelists:

Dr. Peter Lamptey, Senior Vice President, Family Health International (FHI)
Rodgers Mwewa, Executive Director, Fountain of Hope (FOH), Zambia
Jeffrey O'Malley, Director, International HIV/AIDS Alliance, United Kingdom
Geeta Rao Gupta, President, International Center for Research on Women
Bode-Law Faleyimu, Program Director, Center for Adolescent Research,
Education and Sexuality (CARES), Nigeria

Mr. Mitchell opened the panel by recalling that during the morning sessions the fight against HIV/AIDS had been described as a war. The U.S. was not prepared for this war, just as we were not prepared for World War II in 1941, he said. The purpose of this meeting is to get out the word that this is a war.

Panelist Dr. Peter Lamptey, Senior Vice President, Family Health International (FHI)

Dr. Lamptey thanked ACVFA for its leadership in assembling and hosting the conference. He also expressed appreciation to the members of Congress who have been very supportive of the fight against the HIV/AIDS epidemic in developing countries. Dr. Lamptey stated that his comments would focus on how to prevent further spread of the epidemic and mitigate the impact through global partnerships with NGOs.

Over the last 13 years, FHI has been involved in more than 60 countries with particular emphasis on nations in sub-Saharan Africa, Asia, Latin America and the Caribbean. FHI has partnered with more than 800 NGOs ranging from those that are taking on AIDS prevention and care and local community development, to women's associations, trade unions, Fortune 500 companies, local churches, and youth groups. As a result of its experiences around the world with these NGO partners, FHI has an extremely broad, deep, and unique perspective on the HIV/AIDS pandemic.

FHI is now in its third year of working with USAID to carry out IMPACT. IMPACT is the acronym for the "Implementing AIDS Prevention and Care Project." We have five outstanding partners in the project. They are the Institute for Tropical Medicine in Antwerp, Belgium; Management Sciences for Health in Boston; Populations Services International in Washington, DC; the Program for Appropriate Technology in Health, based in Seattle; and the University of North Carolina in Chapel Hill.

While partnerships between and among NGOs and with government are critical, there is a similarly essential type of partnership—the partnership and collaboration between local NGOs and PVOs. Dr. Lamptey stated that more than 90 percent of IMPACT activities are carried out by local community-based organizations, other NGOs, and U.S.-based PVOs. Under IMPACT, FHI provides funding and technical assistance to more than 250 NGOs.

Dr. Lamptey pointed out that, in most parts of the world, local community-based groups were the first to respond to HIV/AIDS. The groups may vary widely in terms of their size, their focus, and their capabilities, but they remain at the forefront of HIV prevention and care. Community-based organizations offer an important way to reach diverse populations. They have the greatest capacity to develop programs on the ground, to address different populations at risk, to mobilize communities, and to reach people and talk to them about real issues. Since many of these NGOs have been working in communities for several years, they have a thorough understanding of the cultural, political, social and economic climate in those communities.

The “Clusters” model that FHI implemented in Tanzania, with funding from the USAID Mission, is comprised of NGOs working together in regions to carry out HIV/AIDS prevention and survivor support activities. More than 200 NGOs joined in a network of clusters in nine regions throughout Tanzania. The collaborative approach has guaranteed a sharing of scarce resources, eliminated competition for funds, avoided duplication of efforts, and encouraged a rich cross-fertilization of ideas. The nine regional clusters have been able to maintain a comprehensive program of integrated prevention strategies since 1993.

Dr. Lamptey then described FHI’s work in Virginia, Free State Province, South Africa. The women of Virginia in South Africa call this project “Lesedi” or “We Have Seen the Light.” Business owners in the region had become increasingly aware of the direct and indirect costs of the epidemic, recalled Dr. Lamptey. As a result, FHI launched the Lesedi Project in partnership with the Harmony Gold Mining Company, the local branch of the National Union of Mines, and the local, state and national health departments in 1997. In partnership, they developed a comprehensive program for the reduction of HIV/AIDS transmission among the community.

Dr. Lamptey described the area as a residential community for about 4,000 migrant mining laborers from other parts of South Africa or neighboring countries. He indicated that many of the women in the community have sexual relations with the miners for money or material support. In three years, Lesedi has developed from a small pilot project to a self-sustaining intervention that is being replicated in mining communities and other areas with similar transmission dynamics.

Since the Administration launched the \$100 million LIFE initiative to increase U.S. support in Sub-Saharan African and India, FHI has been able to expand some of its programs, but is still reaching only a small fraction of those at risk of HIV in developing countries, reported Dr. Lamptey. He reiterated the need to urgently scale-up activities to have any meaningful impact on the epidemic. Dr. Lamptey stated that scaling up by definition means increasing the size and type of activities that have been proven to be effective. It means increasing the geographical areas that are covered and the number of people who are reached. It means improving coverage of voluntary counseling and testing, preventing mother to child transmission, and care and support of those living with HIV/AIDS. FHI is aggressively developing scale-up strategies, models, and guidelines for a variety of countries, specifically in sub-Saharan Africa.

The scale-up strategies are designed to build institutional capacity among governments, international PVOs, local NGOs, civil society, private industry, and the international donor community. Dr. Lamptey concluded by saying that increasing funding, scaling up of programs and successful partnership with NGOs are the best hopes for preventing HIV, providing care and mitigating the impact of the epidemic.

Panelist Rodgers Mwewa, Executive Director, Fountain of Hope (FOH), Zambia

Mr. Mwewa said that his organization had started to work with orphans in 1996. The staff of FOH learned early on that in order to attract the children and get them to stay, it was essential to listen to the children's needs. The children they were working with said they wanted to play football, so the Fountain of Hope got them a soccer ball.

The next thing the children said they wanted was education. Fountain of Hope wondered how they could provide them with education when neither the organization nor the children had any money. Fountain of Hope approached the Government of Zambia and received some assistance. When the beginnings of a program were in place, FOH invited youths aged 15-18 to its center. At first, the children sat on stones using tattered chalkboards. But to have the children come to the Fountain of Hope center and concentrate for two hours was a great achievement, said Mr. Mwewa.

The Fountain of Hope works with two categories of children: those who go back home at night and those who stay on the street. The organization found that most of the young males at the center had sisters who were still in the home compounds. These young women were very vulnerable to varying kinds and degrees of abuse. Thus, FOH began an outreach effort in the compounds. They found girls who had been abused for several years and children exposed to child labor and sexual abuse who continued to live with their guardians. Mr. Mwewa said that FOH tried to investigate the problems of abuse, in order to try to deal with the root causes, but the problems are exceedingly complex. Many of the mothers were afraid to bring the abuse to the attention of authorities because they feared that the stigma and impoverishment of divorce would be worse.

Despite the difficulties, FOH continues to work to find strategies to provide women with a sense of empowerment and some independent economic means, said Mr. Mwewa. FOH talked to women about business skills, and when the women expressed interest, FOH began a business counseling and advice program. Later, when FOH received funding, it started a microlending program for 80-90 mothers. These women started small businesses with tremendous results. One positive effect is that now many children are eating in their mothers' homes rather than at the center. Mr. Mwewa has also seen women talking to abused children and then coming to report abuse, so there has been a spillover effect on this problem as well. Another aspect of FOH's outreach involves setting up community centers in rural areas to reduce the influx of people moving from the country to town. Mr. Mwewa concluded by observing that in Zambia the sick and orphaned are outcasts. FOH's overriding goal is to bring them back into the community.

Panelist Jeffrey O'Malley, Director, International HIV/AIDS Alliance, UK

Mr. O'Malley noted that for PVOs and NGOs that must work within one-year and five-year contracts, acting long term and planning for the long term are challenging. Maintaining safe behavior is as much of a challenge as initiating it. So-called experts or people like us who fancy themselves experts know a lot about prevention and care, but we know a lot less about the impact of the epidemic. In Uganda community organizations were responding before President Museveni spoke out. They created a political space for him to speak up and lead. We don't know why there are spontaneous community responses in some places and not in others. Usually community groups first act to respond to the needs of care and secondly to deal with the impact of HIV/AIDS.

Our biggest challenge is to bring together supply and demand. Individual NGOs are good at one or more parts of the process, at health promotion, for example, or knowing how to work with individuals. Some NGOs may know a good deal about supporting political leadership but not enough about transforming gender relations. Successful responses to the crisis need to bring together the social responses and the demand and supply process. The other major challenge is implementation. Any NGO manager knows that the biggest challenge is not to develop program models but to make programs happen. Finding partners with whom to work and keeping people engaged are difficult aspects of the challenge.

Much of the discussion of program strategies focuses on coordination. Yet, there remains a tension between heightened coordination and time spent on implementation. All the time we're spending at this meeting is not being spent on program development and implementation. All the time spent on coordination is not spent working with people who have needs. We are facing an emergency, said Mr. O'Malley. What is most needed is to build indigenous capacity in civil society and government to keep this struggle going for the long term, he concluded.

Panelist Geeta Rao Gupta, President, International Center for Research on Women

Ms. Gupta said that the AIDS epidemic is a human tragedy that is threatening development globally. An overwhelming majority of the 15,000 new infections daily are spread through heterosexual transmission. Fifty percent of new infections are among women, and of all those currently infected in sub-Saharan Africa, 55% are women. Also, 50% of new infections are among 15-24 year olds.

One of the most striking developments in recent years has been the increased recognition of the role that gender and sexuality plays in fueling the epidemic. Women have less access to productive assets and economic resources than men do. This is reflected in sexual interactions, with men having greater power than women over when, where, how, and with whom sex takes place. The imbalance in power between women and men in the social and economic spheres of life increases both women *and* men's vulnerability to HIV and affects women's access to care and support.

Cultural norms that dictate that good women must remain ignorant about sexual matters and passive in sexual interactions severely constrain their ability to access information and services. These norms also limit their ability to negotiate protection with their partners or leave risky relationships, and make it more likely that they will exchange sex for money, goods, or favors. Fear of being labeled sexually active or infected inhibits women's ability to access services or treatments.

For men, norms dictating that they should be more knowledgeable and experienced about sex, that variety in sexual partners is essential to men's nature as men, and that men must be self-reliant and not seek assistance make it difficult for men to seek information and services, as well. Such norms pressure them into experimenting with sex in unsafe ways to prove their manhood, and encourage a denial of risk.

But by far the most disturbing result of the imbalance in power between women and men is violence against women and children. The fear and experience of violence and abandonment acts as a significant barrier to prevention and has now been shown to be a strong predictor of risky behavior among men and women exposed to violence as children, as well as a strong predictor of HIV infection among women.

"What, then, is an appropriate PVO/NGO response to these seemingly insurmountable and intractable problems and barriers?" asked Ms. Gupta. As in all sectors of development, the impact and effectiveness of any PVO/NGO response will be limited in the absence of a strong government response. To contain this epidemic governments must step up to the plate. Effective AIDS prevention, care and support needs a favorable policy environment that assures the distribution of public goods such as health information and services and the provision of the necessary incentives and subsidies to assure access to those who are most vulnerable.

Governments cannot succeed if they act alone; they must engage and work together with civil society organizations and businesses. An effective response demands the involvement of all. The most important recommendation, according to Ms. Gupta, is to empower women on six levels. This, she assured, will equalize the gender power imbalance and will help alleviate poverty, a goal for all development efforts, including HIV prevention and care. Why is this true? Women are key economic actors and play a major role in ensuring the survival and well being of their households, particularly among the poor. Women must be provided these six tools of empowerment:

- Information and education – formal and specific to sex, reproductive health and HIV prevention.
- Skills, technical and marketable, such as skills to use a condom and negotiate protection.
- Access to services and technologies that are gender sensitive and recognize women's particular needs, such as the female condom and services that use female providers.

- Social supports through interventions that change existing gender norms and create visible and accessible sources of support other than the family. Programs should include men as partners and target women and men to reexamine the damaging consequences of traditional gender norms and to develop positive and respectful attitudes toward sex and gender roles.
- Access to economic resources through policies and programs that help women gain employment in the formal sector, that provide women marketable skills training, increase their access to credit and business development services and ensure their ownership and inheritance of land and capital. Provide safety nets and support services for women in the informal sector and access to the appropriate technologies and labor saving devices that increase labor productivity and returns.
- Training in decision-making and political participation at the local level and beyond, to strengthen women's abilities to shape and control their own destinies and to give them a voice. – advocate for and implement community mobilization efforts and political and legislative policies that give women a voice.

Ms. Gupta concluded by emphasizing that empowering women has always been good development practice. Now with the AIDS epidemic, failing to address gender inequity is fatal – it is killing our young and our adults in their most productive years, she said. One of the reasons development organizations have been constrained in their efforts to empower women is the fear that empowering women will somehow disempower men. But empowering women is not a zero-sum game as power is not a finite concept. More power to women means more power to households, communities and entire nations.

Panelist Dr. Bode-Law Faleyimu, Program Director, Center for Adolescent Research, Education and Sexuality (CARES), Nigeria

Dr. Faleyimu thanked the Advisory Committee for making it possible for him to extend his trip to the United States to be present at this meeting, and for highlighting the work of African NGOs. Dr. Faleyimu described CARES' work on the front lines of the HIV/AIDS epidemic. CARES focuses on adolescent reproductive health, HIV/AIDS, workplace-based AIDS prevention, and women's issues. The organization works primarily with community youths and field-based oil workers in the Niger Delta, and has been doing so for the past seven years. In its work with youths, CARES has designed a group discussion and AIDS Awareness program that makes use of locally appropriate educational tools and videos such as the sensitization video produced by UNICEF in conjunction with the Federal Ministry of Health (FMOH).

According to Dr. Faleyimu, programs that are comprehensive and that target the employee, his family and the community are the most valuable. Programs that limit themselves only to HIV/AIDS infected individuals can be caught in a vicious cycle of trying, and failing, to keep up with the disease. CARES also supports activities aimed at drug users, sex workers, and truck drivers, but the field-based workers are an important target group, because they

have a stable income and spend long periods away from their partners and families. Their mobility places them at risk and also feeds the rapid spread of the virus. Like Fountain of Hope, CARES bases its efforts on the felt needs of the population and places its workers in the midst of affected communities. By being solidly community-based, CARES has had very good results, concluded Dr. Faleyimu.

Panelist Phyllis Craun-Selka, AIDS Corps Coordinator, Pact

Ms. Craun-Selka said that the time is long overdue for this broad look at AIDS. The efforts of governments, NGOs, and committed individuals must mimic the AIDS virus by spreading exponentially to support communities as they care for HIV/AIDS sufferers and their families. The pandemic is causing a rethinking of development work. It is unraveling hard-won gains sought since World War II, affecting all socioeconomic indicators of development. Behavior change is just the tip of the iceberg. The reasons for complacency about AIDS in the developing world include the lack of health infrastructure, the high cost of treatment, the denial of AIDS, death certificate cover-ups, and fatalistic resignation. Even more troubling is the use of economic and business principles to guide the development response. The high cost of drugs is a crippling factor that must be overcome.

Ms. Craun-Selka described Pact's recently initiated multisectoral approach called AIDS Corps, which is geared toward strengthening the local capacities. The purpose of AIDS Corps is to keep world attention focused on community-led solutions. This meeting is an example of an effort to persuade leaders to take more concerted action. AIDS Corps extends far beyond Pact. For example, Pact Ethiopia and its alliance work with 85 multisectoral organizations to increase their capacity to respond and to answer questions about how AIDS has affected any sector. In Zimbabwe, it serves as a catalyst to increase response in remote areas by linking traditional health workers and other stakeholders. Communities will devise and implement their own solutions. In Zambia, Pact is working with the national authorities to link NGOs and communities. These few examples of how Pact works through AIDS Corps have led us to enable each other, in the words of Dr. Martin Luther King, to hew out a stone of hope from the mountain of despair.

Discussion

- **Sharon Pauling of USAID** noted that the last panelist spoke of multisectoral approaches. "In USAID," she said, "we are challenged by the need to program multisectorally and are trying to deal with the pandemic across the board." She asked for more concrete examples of multisectoral programs, particularly in agriculture and education.

Panelist O'Malley cited several examples, including a project in suburban Dakar that developed community-based distribution of condoms with a youth group. "Teaching sex workers to use condoms is not enough," he said. "The community development approach addresses community needs like child care and involves sex workers in the program, which increases their confidence to insist on condom use." Mr. O'Malley also mentioned a project

in Zimbabwe that helped Shona communities to revitalize the "chief's plot," a traditional safety net concept in which communities set aside certain plots of land as the social support for the neediest, including orphans.

- **Lucille Atkin of Margaret Sanger Center International** reiterated that the essential nature of gender roles and their translation into sexual behavior is a key variable to consider. She pointed out, however, that the additional AIDS funds have to be focused on health and cannot be used, for example, on girls' education. If the reality is that gender equity affects both men's and women's sexual behavior, then health must be defined in a broader way. How can this be assured?

Panelist Lamptey responded that even though additional funds are likely to be appropriated, the resources available will still be insufficient to address the magnitude of the epidemic. "Thus, we cannot afford to spread ourselves too thin," he said. "I just came from the Barbados meeting on HIV/AIDS where it was estimated that it would take \$4 billion a year to care for the victims in Barbados alone." Dr. Lamptey urged the audience to focus on primary prevention, since it has been proven to work in Uganda, Senegal, the Bahamas, and other places. "Let's do the few things we can do well and keep asking for more resources and when we get more, we can tackle other issues," he suggested.

Panelist Mwewa said he is really touched by individuals affected by HIV/AIDS, especially children. Reducing the infection rate should affect all those sectors, he opined. "But let's not forget about orphans," he urged. "On the streets, they are exposed to drugs, sexual abuse, abuse from other children, and other evils. We need to educate and counsel those children and provide women other means of support so that when the husband tells the wife that she must leave if she insists on using condoms she has extra support," he said.

Panelist Gupta emphasized that gender can be addressed within HIV/AIDS programs. "Just because it's an AIDS program doesn't mean that you can't attend to women's needs in activities such as distribution of condoms or STD treatment and diagnosis," she said. She urged practitioners to build on existing gender knowledge and practices. Even if AIDS funds cannot be used to build a school, it is possible to advocate strongly in the community for supporting education for girls, such as in how to use condoms and how to negotiate for protection. AIDS programs can incorporate many activities that are gender sensitive.

- An **audience member** asked what will happen if countries in war zones, such as Burundi, do not receive funding? HIV/AIDS does not respect national boundaries.

Panelist Lamptey responded that it is difficult to do prevention in areas of conflict, although the rate of infection is as high as 60 percent in some military forces. Police forces also have high rates. There are several programs underway, especially in refugee camps, but organizations are restricted from working directly with the military using USAID funds.

- **Ann Claxton of World Vision** asked about the role of faith-based organizations in HIV prevention and care. There is some evidence that the role of churches and mosques in Uganda was very important in opening up talk and disseminating information on

HIV/AIDS. In Senegal, the moral position of the Islamic leaders and the mosques served a similar role. In South Africa there are more children in church than in school. So our HIV clubs in schools are moving out to the churches. Faith-based groups have an important role to play.

Panelist O'Malley commended World Vision for its commitment to HIV/AIDS, but noted that there can be destructive elements of institutionalized religion and faith-based organizations. For example, the role of the Catholic Church and the Catholic hierarchy in attacking condom use in Uganda has been very destructive. This is a challenging issue that poses difficult questions for funders, he pointed out. On the other hand, the Salvation Army, considered a conservative organization, pioneered HIV/AIDS prevention efforts, including acceptance of the important role of condoms. Mr. O'Malley added that what has impressed him most is the centrality of faith-based groups in giving hope.

Panelist Faleyimu reminded the audience that churches were involved in social struggles before HIV. Their role is vital in this crisis too, he said.

Panelist Mwewa said some church groups prefer to distribute food on the streets, rather than directly address the AIDS crisis. This encouraged children to remain in danger on the streets. Without criticizing the food distribution, FOH suggested that the churches bring food to the community centers, where the children would be safe.

- **Clarence Hall of Africare** said that during strategic planning last year, his organization decided to focus on HIV/AIDS. Merck & Co. funded a coordinator position (encumbered by Mr. Hall) to implement a strategy over a period of three years. Africare is using a community-based approach that includes empowering youth. For example, Africare has formed a youth forum in Zambia. Because the organization has a large African staff on the ground, it is concerned about the protecting them against HIV/AIDS. Mr. Hall asked for examples of PVO experience AIDS education for their staffs?

Panelist Lamptey responded that in Zambia Family Health International (FHI) talks with its 54 staff members. FHI's policies include educating both the leadership and the staff, he said.

Panel: Pharmaceutical Company Strategies and Successes

Moderator: Linda Pfeiffer, President, International Medical Services for Health (INMED)

Panelists:

Mark Ahn, Senior Director, Operations Planning, Bristol-Myers Squibb Company (BMS)

Jeffrey Sturchio, Executive Director, Public Affairs, Europe, Middle East & Africa, Merck & Co., Inc.

Rick Moser, Director, Public Affairs, Abbott Laboratories

Nina Grier, Manager of Grassroots Efforts, Glaxo-Wellcome

Ms. Pfeiffer opened the panel by referring to the private sector as the third essential leg in the discussion, without which the platform would not be balanced. USAID is increasingly interested in partnerships with the private sector, she noted. By working more closely with corporations and putting more energy into forming alliances, a more workable, holistic approach is possible. The partnership effort is still in the prenatal stage, however, since much work remains to be done in bringing companies and government together. The discussion today focuses on the pharmaceutical companies whose expertise goes beyond medical interventions to the desire to be part of broad-based community efforts.

Panelist Mark Ahn, Senior Director, Operations Planning, Bristol-Myers Squibb Company (BMS)

Mr. Ahn opened by referring to UN Secretary General Kofi Annan's challenge to the pharmaceutical industry in the fall of 1998 to be part of the solution to the HIV/AIDS pandemic. Motivated by the pressing unmet medical need for HIV/AIDS treatment in sub-Saharan Africa and the lack of access to care and support, BMS made a \$100 million commitment over five years through a foundation program called *Secure the Future*. The program targets the most vulnerable group, women and children infected with and affected by HIV/AIDS, in five countries: Botswana, Lesotho, Namibia, South Africa, and Swaziland.

Secure the Future does not support experimental research, since that is not in the scope of activities for the foundation, nor does it provide funds for service expansion. What it does is make grants to innovative programs and model programs for health care research, community outreach and education, plus education and training for health care professionals. To date, *Secure the Future* has made 34 grants totaling \$31.5 million. The projects use only approved drugs and products available in a given country. *Secure the Future* has a broad-based external advisory board of international and local experts that decides which programs will be funded using National Institute of Health grant guidelines. The key to success, said Mr. Ahn, is to build public-private partnerships born of good will that bring together people with different expertise for the same cause.

Panelist Jeffrey Sturchio, Executive Director, Public Affairs, Europe, Middle East & Africa, Merck & Co., Inc.

Dr. Sturchio described Merck's commitment to improving the lives of people living with HIV worldwide and to working with other stakeholders to improve the care of people with HIV/AIDS in developing countries. In the developing world, Merck works with governments, PVOs, and people living with the disease. The company sponsors and collaborates on programs in three key areas: facilitating research and development; building national capacity; and mobilizing resources.

First, Merck continues to focus on what it does best: research and development of new, more potent and durable treatments; new mechanisms for attacking HIV; and an HIV vaccine (one candidate is already in early-stage human clinical trials).

Second, Merck has developed a number of initiatives to build national capacity and to establish or improve infrastructure. It is important to note that access to drugs or medicine is only one part of the solution. Even if medicines were available free of charge, problems related to medical infrastructure and distribution, and ethical issues such as equity and accountability, would remain. To help build capacity and infrastructure, Merck is supporting the Enhancing Care Initiative, a multidisciplinary, multi-country program coordinated by the Harvard AIDS Institute, which is designed to enhance the care of men, women and children living with HIV/AIDS in resource-scarce countries. The program is active in Brazil, Senegal, Thailand, and KwaZulu Natal in South Africa, where country teams are developing ways to design concrete, customized improvements in the delivery and outcomes of HIV care. Merck has also provided funding for train-the-trainers programs and made training resources available in several African countries.

Resource mobilization is the third major area. New resources need to be made available if the developing world is to have equitable access to drugs. In cooperation with five pharmaceuticals, three of which have representatives at this meeting, Merck is supporting a new initiative called The Accelerating Access Initiative. This public/private collaborative effort aims to increase access to HIV/AIDS care and treatment in developing countries. The initiative involves UNAIDS, WHO, UNICEF, UNFPA, the World Bank, and Merck, Boehringer-Ingelheim, Bristol Myers Squibb, Glaxo Wellcome, and Roche. The initial focus is on Africa.

Finally, Merck has teamed up with the Republic of Botswana and the Bill and Melinda Gates Foundation to demonstrate the benefits of a comprehensive approach to HIV/AIDS through the Botswana Comprehensive HIV/AIDS Partnership, launched in July 2000. Gates and Merck are each providing \$50 million to this partnership.

As Nelson Mandela said in closing the Durban conference, partnership with the international community is vital. The pharmaceutical industry looks forward to working with PVOs, NGOs and government to find sustainable solutions.

Panelist Rick Moser, Director, Public Affairs, Abbott Laboratories

Mr. Moser said that for the past year, Abbott has been developing a recently launched program called Step Forward for the World's Children, which will operate in every region of the world, but not in every country. The program has three basic aspects. First, the focus is on AIDS orphans and vulnerable children. Second, it's holistic -- not just health care, but also economic needs. The program includes health care, counseling and testing, but also educates people on both AIDS and the three R's, as well as finances basic community needs. The third element is establishing and maintaining relationships with partners who guided us in launching the program.

The program makes available three kinds of resources: grant funding, donated health care products including nutritionals and pharmaceuticals, and the efforts of volunteers, including many doctors, laboratory workers, and engineers, among others. The four inaugural

countries are Burkina Faso, India, Romania, and Tanzania. In Tanzania, Abbott began the program in the southwest corner, because it is the country's most affected area and is on the major transportation route. This region has painfully few health care resources; thus, one aim is to help build a health care infrastructure. In each country, Abbott looks at basic community needs, usually going from the capital to local communities where needs are identified.

Abbott has been active in Romania for 10 years. There, HIV spreads largely due to drug use. Residents in hospitals in Romania help rehabilitate and equip buildings and small family homes; six to seven children are removed from a large municipal ward and put in a small setting with foster mothers and financial help. The program also helps to improve conditions in the pediatric wards of hospitals. In Burkina Faso, Abbott works with an international HIV alliance that focuses on building the capacity of local organizations needed to push programs into communities. Finally, Abbott works with an alliance of three states in India.

Panelist Nina Grier, Manager of Grassroots Efforts, Glaxo-Wellcome

Ms. Grier noted that there are 34 million HIV cases around the world, 90 percent of which are in Sub-Saharan Africa. Given this staggering statistic, it is essential to recognize multiple efforts and join in partnerships. The private sector can help governments view the problem with fresh perspectives. Glaxo's global effort has included partnering with other pharmaceuticals in education and access to care activities. Additionally, Glaxo has conducted programs to make medicines affordable in more than 15 countries, and has had preferential pricing in place for almost 10 years, beginning Botswana, Malawi, Senegal, and Zambia, and later extended to other countries based on the success of these initial efforts.

Glaxo has a high-quality product for reducing mother-to-child transmission and is donating 10,000 treatments to those four countries and is interested in providing 30,000 more treatments for reducing mother-to-fetus transmission. Ms. Grier described Glaxo's grassroots efforts, which involve partners such as UNICEF. These grassroots efforts are the key to Glaxo's success, she contended, and is vital for all HIV/AIDS programs. Glaxo's primary goal is to develop new treatments and to reach 150 million people.

Discussion

- **A representative of the Education for Physicians Program** alluded to the delicate subject of AIDS sufferers who are near death. There are impressive programs that manage the lengthy process of dying in a positive way to allow a period of preparation and grief support. There is a lot of opportunity to care for those who are caring and those who survive, so they don't have to be quite as devastated, he said. He asked whether the pharmaceutical companies' programs could cover funding for this work.

Panelist Ahn acknowledged that hospice care is a major unmet need. In response Bristol Myers Squibb has launched a collaborative effort with a hospice.

Panelist Sturchio noted that the care framework used by the Enhancing Care Initiative country teams includes supportive care and care of the dying as one element of its analysis (see www.eci.harvard.edu for additional information).

- A **representative of the Global Network of People Living with HIV and AIDS** urged policymakers to include HIV/AIDS sufferers in the dialogue on strategies for international cooperative efforts making use of the new resources appropriated for HIV/AIDS. He pointed out that agencies such as UNAIDS cannot overstay their welcome in countries, but could train people with HIV in that country to speak out and to advocate. He also suggested that existing clinics could be retrofitted for HIV/AIDS treatment and prevention.

Panelist Ahn agreed, noting that it is also important to connect infrastructure to patient behavior. Data from a pilot government program in two of the largest hospitals in Botswana revealed that of 100 women who had a pregnancy test; 60 didn't come back for the HIV tests. Of the 40 who came, 16 were HIV positive. Of those 16 who were offered free medication, eight accepted. All eight were offered free infant formula. Seven rejected it. So of 100 women, 40 of whom were pregnant and HIV positive, only one will get appropriate long-term care. There is so much stigma, fear, and denial. It is not just about drug distribution.

- An **audience member** pointed out that few doctors or care providers in developing countries have the time or training to adequately explain drug regimens to their patients, and asked whether the pharmaceutical companies were addressing the resulting non-compliance.

Panelist Sturchio replied that Merck has provided training in state-of-the-art HIV care and patient management to key physicians in several sub-Saharan African countries. These physicians then train others. He added that the organizations represented in the audience have a role to play in addressing this problem. NGOs can be successful in training non-health professionals.

- A **representative of AIDS-Free Africa** remarked on the earlier comment that only one woman in 100 got appropriate treatment. He suggested that community involvement in these projects could help to address this. He also pointed out that not many African AIDS victims can afford \$2 a day for drugs, if that is the price at which they are being made available.
- **Rhoi Wangile of the ARC Foundation** pointed out that all the major programs in Uganda were started by individuals without government support. She herself founded ARC without any seed money, she said. It has expanded to Tanzania. Every Saturday more than 300 people come to get condoms and more than 1,000 sign up for testing, but the program doesn't have test kits.

- **ACVFA member Lou Mitchell** suggested that NGOs have the capability to play a greater role than they are being given at present. Many African countries are constrained by governments that are unwilling or do not have the resources to take adequate action.

Panelist Ahn agreed but said that companies also must work with governments. BMS asked government representatives to sit on its advisory board and approve its protocols. Creating a trust-based partnership and sharing control with governments, NGOs, and other important members of the community was a key factor in BMS' successful model and pilot programs. He noted there were various complicated problems that constrained the Government of Botswana program from which the data on the 100 women was derived. BMS was not involved in that program. The big issue in that case was the fear of violence and other repercussions of testing positive. For women, bottle feeding their infants is self-disclosure to the public. Two-thirds of the victims have experienced violence before age 16. Six-to-eight girls are infected to every one boy. Many of these people have no one to speak to but each other. It is not as simple as just assigning the work to an NGO, although NGOs do have a tremendous role to play.

Panelist Sturchio added that NGOs can help deliver health care services and do much more than provide support in communities. He mentioned Merck's efforts to strengthen the capacity of NGOs and invited NGOs with programs on the ground to contact the company. Returning to the questions of infrastructure and access, he said that one of the most important questions to ask is why some countries have made important inroads in addressing the HIV/AIDS epidemic, while in others there is little or no access at all? As Sandy Thurman said, without the political commitment, without the will to do something, there won't be much progress. In discussions about lack of access to HIV drugs, some say the cause is industry's refusal to give away products. But even if drugs were free, access would still be a major issue. Asking for access to medications alone is asking the wrong question. It is necessary to address the larger question, which is political commitment and the need for a national strategy. Industry could go to a country and say here, this is what we think you should be doing -- but that's unlikely to lead to sustainable solutions. Instead, partnerships are a more powerful way forward: the discussion has to be based on the countries' needs, and the informed sense of key actors who know the situation and appropriate actions well. Every speaker today has pointed to the complexity of moving from rhetoric to action.

Plenary Wrap-up: Brief Summaries of the Panels and Audience Recommendations to USAID and other International Organizations

Louis Mitchell, ACVFA member, summarized the three major points from the morning panels. First, the response must be cross-sectoral; second, it must be specifically gender related; and third, we need fewer meetings and more action. However, the third point is not entirely true, he said. We need continual meetings and more meetings with the pharmaceutical companies. The four pharmaceutical panelists we heard this afternoon opened our eyes to what they are doing and might be able to do. We need more action (more money), more focus on gender issues, and more cross-sectoral efforts.

Linda Pfeiffer, President, INMED, summarized the *Pharmaceutical Company Strategies and Successes* Panel with four points. First, the panelists emphasize a holistic, multifaceted approach. Second, they are figuring out how all the pieces fit together. Each panelist focused on what they do best, but we need to figure out how all the pieces fit together. This leads to the third point: formation of partnerships. The panelists recognize strongly how impossible it is to address this pandemic alone and that resources need to be invested not just at the policy level but at the grassroots with agreements between corporations and agencies and those in the field. Efforts to facilitate that process are crucial. Fourth, we need to go back to the grassroots and the people who are affected.

Discussion

Various members of the audience made the following points:

- **Kitty Hempstone of the U.S.-South Africa Leadership Development Program**, noted that the morning speakers made clear that the new money for HIV/AIDS is closely circumscribed. Wouldn't it save time to inform programmers of the restrictions at the outset?
- **Ted Weihe, ACVFA member**, responded that nothing is clearly proscribed in the legislation. He pointed out that the important issue is how to state up front what are the expected outcomes of the funds, whether they are allocated to the CDC or to USAID or other federal agencies. Another issue is how much funding goes to agencies other than USAID, and how many layers it takes to get it down to the NGOs to stimulate community action? "This question is crucial to how we ought to organize," he noted. "If we begin to advocate for full funding for HIV/AIDS, the same advocates need to push for all other assistance accounts and for raising the level of resources dedicated to development."
- **An audience member** noted that there had been countless references to this battle against AIDS as a war. She agreed that it is a vital national security issue. Given that, she pointed out that resources need to come from the military budget? This would be a bold step that would help ensure that funds for HIV/AIDS are not siphoned from development projects, and would also avoid the phenomenon of "development agencies fighting each other over crumbs."
- **Vicky Ferguson of the Africa Policy Information Center (APIC)** said that her organization's network of 209 members is calling in part for 5 percent of international aid for a global emergency health fund, a total of \$9.5 billion dollars this year alone. There are only two-to-three weeks left (before Congress adjourns) to mobilize constituencies to inform members of Congress about the urgency of the crisis. Advocating for resources for Africa is paramount. There is no reason not to appropriate funds for international responsibilities when there is a budget surplus. Ms. Ferguson urged the audience to contact APIC's website www.africapolicy.org/adna for more information.

- **An audience member** said that the focus should be on programs that use resources for AIDS but have a multisectoral impact. The convergence between the women's movement and the AIDS movement is significant, he noted. Similar convergences with the environmental and human rights movements that have political clout would be beneficial.
- **Barbara Smith-Hamer of WURC-CHS**, who has worked for the past several years with HIV at the domestic level, said she was struck by the similarities between the domestic problems and those on the international scene. There are transferable solutions that domestic NGOs can bring to bear internationally, she said.
- **An audience member** suggested that twinning programs could be very useful. Domestic organizations that have resources and expertise, such as the Whitman Walker Clinic in Washington, DC, could twin with agencies in developing countries.
- **A representative of Margaret Sanger Center International** noted that there are groups in Africa capable of designing innovative ways to increase access by working with groups on the ground. Some of these organizations were represented at the Durban conference. It would be a mistake to think that development agencies have all the answers, or that solutions must be perfect before we take action. Finally, she reiterated the importance of ensuring that family planning aid, for example, is not pitted against aid for HIV/AIDS.
- **Vicky Ferguson of APIC** reminded the audience and panel members not to fall prey to the general assumption that widespread condom use is the solution. She noted the under-emphasis on finding better methods of contraception that are within women's control. Doing otherwise risks asking women in their childbearing years to give up their next generations, she said.

Recommendations

Ten major recommendations/lessons emerged from the meeting:

- The challenges posed by the global HIV/AIDS pandemic extend well beyond medical/health issues and affect all development sectors. The response must be comprehensive and cross-sectoral.
- The HIV/AIDS pandemic has spread to all regions of the world, outpacing all predictions, and the entire global community must be mobilized to combat it.
- HIV/AIDS programs must recognize that gender and sexuality play a role in fueling the epidemic. Programs should address gender-related issues, such as the imbalance of power between men and women at all levels -- social, economic, educational, and political.

- Congress should appropriate additional funds specifically to meet the burgeoning HIV/AIDS crisis. Additional funding should not come at the expense of other vital foreign assistance priorities, however.
- Funding legislation should allow for flexible uses of HIV/AIDS resources so that the multisectoral aspects of the crisis may be addressed.
- Public-private partnerships, including efforts that involve civil society organizations, should be encouraged as a way of building capacity and ensuring sustainability.
- PVOs and NGOs, including faith-based organizations, have a central role to play, particularly in prevention, care, and in providing hope at the community level.
- Domestic HIV/AIDS organizations have lessons to offer international practitioners. These lessons should be transferred internationally through means such as "twinning" programs that pair domestic organizations with local agencies overseas.
- People with HIV/AIDS should be included in the design of programs, encouraged to speak out, and trained in advocacy.
- Coalitions and alliances with other groups, such as environmental and human rights organizations, should be formed to help the AIDS movement gain clout.

The meeting agenda is attached.